Virginia Department of Health

Summer Edition

OHPP ACCESS NEWSLETTER

July 2005

Inside this issue:

Special points of interest:

- Healing Teaching & Learning Conference on Immigrant and Migrant Health
- Shortage Designations
- Medicaid Drug Prescription Program/Medicaid Trends
- Virginia's Uninsured

Healing, Teaching, & Learning Conference on Immigrant and Migrant Health

On May 17, 2005 the Healing, Teaching & Learning Conference on Immigrant and Migrant Health was held at the Wyndham Richmond Airport Hotel in Richmond, Virginia. Approximately 135 people attended this conference which featured nationally acclaimed speakers and provided information about key health issues involving Immigrant and Migrant populations. Attendees were introduced to new strategies for understanding the meaning of healing from different cultural perspectives.

Also, attendees were provided with information pertaining to available resources that assist providers in dealing with language barriers and information pertaining to best practice methodologies for addressing clinical issues.

Conference attendees included a variety of persons working with immigrant populations or migrant farm workers, including local Dept. of Health clinical workers, outreach workers, interpreters, Community Health Center representatives, Hospital Programs representatives, outreach workers from various initiatives and other community based organizations.

Paul Cushing

Regional Manager - Office of Civil Rights, RegionIII, U.S. Department of health and Human Services

Title of Presentation: ***Providing Meaningful Access to Limited English Proficient Individuals: Federal Guidelines***

continued on page 2

continued from page 1

The conference planners anticipated approximately a 30% increase in attendance from the previous conference attendance. However, within a couple weeks after announcing the conference, it was completely sold out. This overwhelming demand resulted in expanding the conference to allow for addition attendees.

The conference included presentations from eight speakers. A photo of each speakers and the presentation topic is included in this edition.

Conference attendees response to the conference was very positive! Specifically, conference attendees indicated that the conference was an overwhelming success! The evaluation responses and general comments indicated that all of the speakers presentations and materials were "very good" and "useful". Almost unanimously conference attendees rated the two nationally renown speakers Dr. Mark Plotkin and Dr. Ira SenGupta as "excellent." Attendees continued indicating that Dr. Plotkin and Dr. SenGupta's presentations were "exceptional", "hands on", "outstanding" and "inspiring." Conference attendees expressed a desire for future opportunities to hear from these speakers and obtain more information on immigrant an migrant health issues.

In addition to VDH, Office of Health Policy and Planning, the conference sponsorship partners included Virginia Primary Care Association, Virginia Rural Health Association, and Migrant Health Network of Southwest Virginia. This was the second conference on Migrant and Immigrant Health sponsored by the core partners.

Ira Sen Gupta, M.A.

Executive Director of Cross Cultural Health Care Program

Title of Presentation: *Communicating Health Across Cultures; Understanding Barriers; Building Bridges*

Linda M. Callejas, M.A.

National Behavioral Health Association, Assistant in Research; Division of Training, Research, Evaluation and Demonstration, Department of Child & Family Studies, Louis de la Parte Florida Mental Health Institute, University of South Florida

Title of Presentation: *Linking Schools and Mental Health Services to Migrant Children and Their Families*

Conference Speakers

Liany Elba Arroyo, M.P.H

Senior Program Manager for the Nation Southeast Health Program Office

Title of Presentation: *The Health of Latino Communities in the South: Challenges Opportunities*

Mark Plotkin, Ph.D.

Research Associate at the Department of Botany of the Smithsonian Institution and the Executive Director of the Amazon Conservation Team

Title of Presentation: *Understanding the Health Wisdom of Indigenous People; Respect for Other Cultures and Mother Nature May Help Preserve Our Health and Planet*

Alisha Herrick, Cultural Anthropologist

Program Coordinator, Migrant Health Network (Southwest Virginia)

Title of Presentation: *Council of La Raza's (NCLR) World's Apart Video Workshop*

Margaret Tipple, M.D.

Director, Division of Tuberculosis Control and Newcomer Health Program, Virginia Department of Health

Title of Presentation: *Clinical Issues Specific to Migrant Farmworkers*

Meghan Sullivan, FNP

Family Nurse Practitioner, Southwest Virginia Community Health Systems, Inc., Troutdale Medical Center

Title of Presentation: *Clinical Issues Specific to Migrant Farmworkers*

OHPP Submits Health Professional Shortage Designation/ Redesignation Applications

The Office of Health Policy and Planning has submitted several primary care and mental health, designation and redesignation requests to the U.S. Health Resources and Services Administration. Primary care geographic health professional shortage area (HPSA) designations all primary care physicians practicing in the area to receive an automatic 10% HPSA Medicare incentive payment from CMS Continued designations of areas as HPSAs allow the areas to maintain the eligibility to recruit National Health Service Corps (NHSC) scholars or loan repayors who have obligations to serve in areas with shortages of health professionals. Alternatively, health professionals already employed in areas that obtain such redesignations can continue their participation in the NHSC loan repayment program. In addition, areas approved for continued designations can maintain their eligibility to fill the need for health professionals by recruiting foreign-trained health professionals who are eligible to participate in the J-1 Visa waiver program. Areas approved for continued designations also maintain their eligibility to apply for specific federal, state, or foundation funding.

The OHPP has submitted the following areas to HRSA for designation or redesignation:

- Halifax County— request for designation (Primary Care)
- Middle Peninsula/ Northern Neck — request for designation (Mental Health)
- Eastern Shore Region (Accomack and Northampton) — re-designation (Mental Health)
- Mt. Rogers Region (Carroll, Bland, Grayson, Smyth, Wythe, Galax city) — re-designation (Mental Health)

The OHPP has received notification that the following areas have been approved for designation:

- Buchanan — Primary Care HPSA designation
- Wise (Appalachia and Gladewell Division Service Areas) — MUA designation **This MUA designation provides a number of benefits including the ability to plan for a federally qualified heath center in the area.

All mental health designations that were previously classified as having no new information by HRSA have now been submitted to HRSA for review.

OHPP Intern, Joe Schwartz, Accepted at New York Medical College

Joe Schwartz, OHPP Intern

Joe Schwartz, an OHPP intern will be leaving at the end of July, after 9 months with the OHPP. Joe has recently been accepted at New York Medical College and will begin studies there in early August on an expected Navy Scholarship.

Director of Office of Health Policy and Planning Presents at Hampton Road Health Coalition Business Roundtable

The Director of the Office of Health Policy and Planning served as a panel member of a business roundtable. She provided the health policy perspective of the challenge of Obesity in the Workplace. The meeting was held on Thursday, March 17 in Norfolk.

The Office of Minority Health Presents at Eastern Virginia Medical School

Mary Goodall-Johnson of the Office of Minority Health presented a the Eastern Virginia Medical School (EVMS) 11th Annual Campus Visitation Day Program on March 12, 2005. The EVMS premedical students were provided a plenary address which discussed the program's theme: "Enhancing Diversity in Medicine". Ms. Goodall-Johnson focused on the importance of minority physicians and introduced the students to the Minority Health Strategic Plan.

Director of OHPP Participates in Panel Discussion at HRSA All-Grantee Meeting

The Health Resources and Services Administration (HRSA) held an All-Grantee conference in Washington, DC. All HRSA grantees were required to attend. One goal of the conference was to introduce HRSA's newly revised strategic plan and performance measurement system. Rene Cabral-Daniels, Director of the Office of Health Policy and Planning was a member of a panel that provided input to HRSA regarding its nation outcome measures. Panel members represented a range of disciplines and perspectives. Panel comments, as well as the comments of others will be considered by HRSA in its revision of its strategic plan and performance measurement system.

...introduce HRSA's newly revised strategic plan and performance measurement system.

OHPP Intern Receives Virginia Commonwealth University Leadership Award

Far Left, Quynh Do with family

Congratulations to Quynh Do for receiving VCU's University Leadership Award for the 2004/2005 academic year!!

Quynh currently serves as the Public Health Student Association's Class President and the campus liaison to the American Public Health Association's Student Assembly (formerly Public Health Student Caucus) at VCU. In between classes, she also finds time to work 2 jobs! She is currently employed at the Virginia Department of Health's Office of Health Policy and Planning and at VCU's Administrative Information Technology (AIT) as an IT analyst. In addition, she is a full-time Masters in Public Health student. As a dedicated student leader who demonstrates academic excellence, leadership, and service to VCU and Richmond communities, we recognize and celebrate her efforts. Her leadership role in student organizations has distinguished her outstanding leadership ability and commitment to these organizations.

The Virginia Commonwealth University's Division of Student Affairs presents the University Leadership Award each year to students who serve in leadership

continued on page 5

continued from page 4

roles in student organizations or University committees. These students have distinguished themselves by demonstrating outstanding leadership ability and commitment to their organizations while maintaining at least a 2.5 GPA (3.0 GPA for graduate students). Thank you Quynh for your leadership and service to Virginia Commonwealth University and serving the MPH Class of 2005!

OHPP Director Receives Public Health Hero Award

Far Right: Rene Cabral-Daniesl, Director OHPP

As part of Virginia's third annual Public Service Week, VDH held an outdoor gala on Tuesday May 2nd to celebrate outstanding employees. The event, which was held on the mezzanine level, honored Governor's Award nominees as well as winners of VDH's Public Health Hero Award.

Dr. Stroube introduced the honorees. The Governor's Award categories included career achievement, customer service, community service and volunteerism, innovation, and workplace safety. The Star Award was also given to employees who contribute to the overall mission, objectives and values of VDH. Perhaps most notably, the VDH Florida Disaster Team received a Teamwork Award nomination for their outstanding efforts to provide aid in Florida following the hurricanes last fall. This team included staff from the Alexandria, Chesterfield, Fairfax, Norfolk, Portsmouth, Virginia Beach, and Western Tidewater Health Districts.

Next, the Public Health Hero awards were distributed. As Dr. Stroube said, these awards recognized employees who "go above and beyond the call of duty and distinguish themselves in their daily efforts at VDH." The awardees, who were nominated by their fellow coworkers, came from various VDH offices. OHPP's own Rene Cabral-Daniels received this award for her exemplary efforts and dedication to the citizens of Virginia. Dr. Stroube specifically recognized Rene for helping to secure a $1.1 million dollar State Planning Grant, which will promote efforts to cover the uninsured in Virginia.

The event also included raffle drawings. Prizes included $25 Visa gift cards, tickets to the Science Museum, and the grand prize – a family membership to the Science Museum valued at $80. Information booths were also set up throughout the mezzanine hallway, with topics ranging from West Nile Virus, AIDS, and Cancer Prevention to Healthcare Recruitment and Emergency Medical Services.

The full list of Public Health Hero Award Winners:

- Rene Cabral-Daniels, Office of Health Policy and Planning
- Peter Rotscheid, Office of Information Management/HAN
- George Clements, Division of Vital Records
- Patricia Tucker, Office of Human Resources
- Nancy Ford, Office of Family Health Services
- Diane Woolard, Office of Epidemiology
- Deborah Roddenberry, Office of Epidemiology

...recognized employees that who go above and beyond the call of duty and distinguish themselves in their

Medicaid Prescription Drug Benefit Program: Medicare Part D Training Videoconference

What are Medicare Prescription drug plans?

The Medicare Prescription Drug, Improvement and Modernization Act of 2003 (MMA), established the Medicare Prescription Drug Program, also known as Medicare Part D, making prescription drug coverage available to Medicare beneficiaries. The new program goes into effect January 1, 2006.

These plans are different from the Medicare-approved drug discount cards, which phase out by May 15, 2006, or when beneficiaries' enrollment in a Medicare prescription drug plan takes effect, if earlier. There is an initial enrollment period from November 15, 2005 through May 15, 2006, during which beneficiaries can enroll in a plan. There will be subsequent enrollment period for the Medicare Prescription Drug Program each year.

How can people who can't pay for a Medicare prescription drug plan apply?

The MMA also provides extra help with prescription drug costs for eligible individuals whose income and resources are limited. This help takes the form of subsidies paid by the Federal government to the drug plan in which the Medicare beneficiary enrolls. The subsidy provides assistance with the premium, deductible and co-payments of the program. Beneficiaries may apply for the Low-Income Subsidy (LIS) with SSA starting in May 2005 or with their State Medicaid agency starting in July 2005. Medicare beneficiaries who wish to enroll in the Medicare Prescription Drug Program must choose a prescription drug plan through which to receive the benefit.

Beneficiaries' eligibility for subsidy assistance can be determined by either the Social Security Administration (SSA) or the State agency that determines Medicaid eligibility (the local department of social services).

For beneficiaries who apply for the subsidy, the income of the applicant and that of their spouse who resides with the applicant will be counted. Once counted, income will be compared to the federal poverty level standard applicable to the size of the applicant's family to determine eligibility. Family size includes the applicants, the spouse residing with the applicant, if any, and the number of individuals who are related to the applicant or spouse, who are living in the applicant's household, and who depend on the applicant or spouse for at least one half of their financial support.

Resources or assets are considered in determining eligibility for a subsidy. Resources that will be considered in determining eligibility generally include liquid resources that can be readily converted to cash within 20 days (e.g. checking and savings account). Also countable is real property that is not the applicant's primary residence and not attached to the primary residence. The resources of the applicant and their spouse, if any, will be counted to determine if the applicant meets the resource threshold to be eligible for a Party D low-income subsidy. Resources of dependent family members are not counted for the applicant and their spouse. If dependent family members are Medicare beneficiaries themselves, they must file their own subsidy application or be deemed eligible in their own right.

Certain groups of Medicare beneficiaries will automatically qualify for the low-income subsidy

These groups are deemed eligible for the subsidy for calendar year 2006. The following groups are deemed eligible:

- Full-benefit dual eligibles who are persons eligible for both Medicare and full Medicaid.

- Supplemental Security Income (SSI) recipients, including SSI recipients who receive a cash benefit but not Medicaid.

Medicare beneficiaries who are participants in the Medicare Saving Programs (MSP), which are QMB, SLMB, and QI.

continued on page 7

The MMA also provides extra help with prescription drug costs for eligible individuals who income and resources are limited.

Medicaid Prescription Drug Benefit Program: Medicare Part D Training Videoconference

continued from page 6

Deemed eligibles do not need to file an application for the subsidy. CMS will automatically award them that they are eligible without having to file an application. They do, however, need to choose a prescription drug plan. If they fail to choose a plan, the full-benefit dual eligibles will be auto enrolled by CMS in a plan by December 31, 2005. QMB's, SLMB's, QI's and SSI recipients will be auto enrolled in a plan by May 31, 2006 if they do not choose a plan on their own.

Who covers the drug benefit?

Coverage for the drug benefit will be provided by private prescription drug plans (PDPs) that offer drug-only coverage, or through Medicare health plans that offer both prescription drug-only coverage, or through Medicare health plans that offer both prescription drug and health care coverage (MA-PDs). Both types of plans must offer a standard drug benefit, but will have the flexibility to vary the drug benefit. Covered Part D drugs are the same drugs and biologicals that are approved for the Medicaid program (although it depends on the plan) and they must be dispensed by prescription and on an outpatient basis. Drugs and biological products that are paid for by Medicare Part A or B are excluded.

Resource Standards
The maximum subsidy resource standards are $10,000 for one person and $20,000 for a couple. Resources at or below $6,000 for an individual and $9,000 for a couple and income at or below 135% of the Federal Poverty Level ($12,920 single/$17,321 couple) will entitle the applicant(s) to the full subsidy.

What does the MMA requires of the States?

The new law requires both Social Security and the States to accept and process applications for the low-income subsidy (LIS). The law also requires States to screen subsidy applicants for eligibility for the Medicare Saving Programs (Qualified Medicare Beneficiary, Specified Low-Income Medicare Beneficiary (SLBM), and Qualified Individual (QI). Specifically, States are required to:

- Provide the Center for Medicare and Medicaid Services (CMS) with data on subsidy-eligible individuals residing in the State.

- Provide information to all inquirers on the nature of, and eligibility requirements for, the Medicare Part D low-income subsidies.

- Assist subsidy applicants with completion of the SSA subsidy application and transmit the application to SSA.

- Screen all subsidy applicants for the Medicare Savings Programs (QMB, SLMB, QI) eligibility and offer enrollment to applicants who qualify.

- Make subsidy eligibility determinations for applicants who request a State determination.

- Notify subsidy applications and recipients of the outcome of the initial and subsequent subsidy determinations made the State.

- Grant an opportunity for appeal to any subsidy applicant/recipient whose eligibility was determined by the State.

Redetermine subsidy eligibility at least yearly for individuals whose subsidy determination was made the State.

How do you apply?

Many Medicare beneficiaries must file an application for the Low-Income Subsidy. The exceptions are individuals deemed eligible for the subsidy. Individuals who must file may do so by contacting:

- SSA—by mail, by telephone, on the Internet, or in person.

Their State's Medicaid agency.

Questions asked during the conference

- Can people apply to national plans? Yes

- Is telemarketing of plans allowed and will it be

continued on page 8

Covered Part D drugs are the same drugs and biologicals that are approved by the Medicaid program....

continued from page 7

monitored for fraud? Plans are not allowed to be sold door to door, and we do not know if telemarketing plans will be marketed.

- What happens if you forget to enroll in Sept. 2006? They will assume you will stay in the same plan and automatically enroll you.

- Can you disenroll? Is there a penalty? Now 15. you can disenroll. You can also silently disenroll by not paying for premiums.

- Are barbiturates covered by Medicare Part D? No, barbiturates are no longer covered. However, if clients are eligible for Medicaid, barbiturates will be covered.

- Is Viagra covered? No!

Are there co-payments for those who reside in a health care facility (nursing homes)? No co-payment because they are residing in a facility.

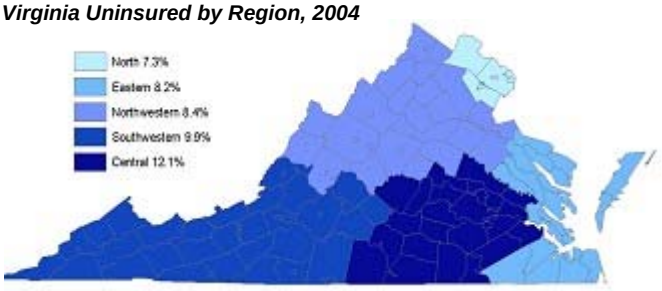
For more questions/information, please contact: medicarepartD@dmas.virginia.gov

The Uninsured in Virginia: Facts at a Glance

In 2004, the Virginia Department of Health, Office of Health Policy and Planning commissioned the State Health Access Data Assistance Center (SHADAC) to conduct Virginia Health Care Insurance and Access Survey, a telephone interview survey of over 4,000 representative households across the state. Results of the just released survey indicate continuing high rates of uninsurance statewide with some regions faring better than others. **About 640,000 persons, nearly 9% of Virginia's population, had no health insurance at the time of the survey—a number slightly smaller than the population of Virginia Beach and Norfolk combined.** Rates of uninsurance for Virginia vary from 6.3% for those who were uninsured all year to 11.5% for those uninsured at some point during 2004. In addition, about 8 in 10 of the state's uninsured population fear they won't be able to continue to afford health insurance. The state's Central Region had the highest rate of uninsurance at the time of the survey (Fall 2004).

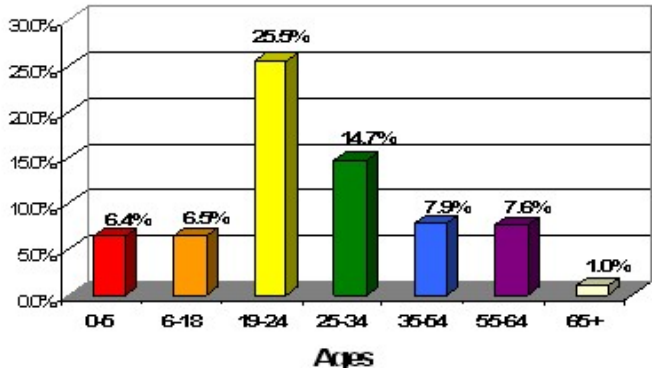
Rates of uninsurance for Virginia vary from 6.3% for those who were uninsured all year to 11.5% for those uninsured at some point during 2004.

Virginia Uninsured by Region, 2004



Source: 2004 Virginia Health Care Insurance and Access Survey

Age of Virginia Uninsured, 2004



Virginia's non-elderly adults are more likely to be uninsured than the state's children. Over 11% of adults aged 19 to 64 lack health insurance compared to just over 6% of all children 18 years and younger. **Young adults ages 19 to 24 have the highest rate of uninsurance.**

Source: 2004 Virginia Health Care Insurance and Access Survey

For more fact on Virginia's Uninsured visit:
http://gunston.doit.gmu.edu/chpre/vauninsured-FactsAtAGlance.html

New and Updated Fact Sheets Explain Key Medicare Trends

Medicare At a Glance

Medicare provides health insurance to approximately 42 million Americans, including 35.4 million seniors and 6.3 million people under 65 with permanent disabilities. Medicare is divided into several parts: Part A pays for inpatient hospital, nursing home, and hospice care; Part B pays for physician, outpatient, and preventive services; Part C refers to private Medicare Advantage plans that provide Part A and B benefits to enrollees; Part D refers to the prescription drug benefit that will go into effect in January 2006. The majority of those on Medicare suffer from 2 or more chronic conditions, and about half of enrollees have incomes below 200% of poverty. In addition, approximately 10% of beneficiaries account for 69% of total spending.

Available at: http://www.kff.org/medicare/1066-08.cfm

Medicare Advantage

Medicare Advantage (MA) was created by the Medicare Prescription Drug, Improvement, and Modernization Act of 2003. In general, MA plans are required to provide all Medicare-covered benefits. In 2004, the majority of MA enrollees had drug coverage, but some had restrictions such as an annual cap for brand-name drugs or plans that covered only generic drugs. Starting in 2006, there will be 26 MA regions in the country, which will maximize beneficiary choice, especially in rural areas.

Available at: http://www.kff.org/medicare/2052-08.cfm

Medicare Spending and Financing

In 2004, federal spending on Medicare was $265 billion, or 12% of federal spending. Growth in Medicare spending annually is influenced by several factors, including technology, rising costs of services, and in creasing volume and utilization of services. The new prescription drug benefit will increase spending on Medicare. It is estimated that the federal cost of the drug benefit will be $724 billion between 2006 and 2015. Program spending during this time is expected to increase annually by 7.3%. Medicare is financed through tax revenues, general revenues, and premiums paid by beneficiaries. Future fiscal challenges for Medicare include the aging baby-boom generation, a decline in the number of workers per beneficiary, and increasing life expectancy.

Available at: http://www.kff.org/medicare/7305.cfm

The Medicare Prescription Drug Benefit

Beginning in 2006, Medicare enrollees will have access to outpatient prescription drug coverage. Of approximately 43.1 million Medicare beneficiaries, 29.3 million are expected to enroll in the Part D plans once implemented. A monthly Part D premium will be paid by enrollees, which, along with along with the Part B premium, will cover about 25% of the standard drug benefit cost. Medicare will contract with risk-bearing drug plans, which must cover at least two drugs in each therapeutic class of covered Part D drugs.

Available at: http://www.kff.org/medicare/7044-02.cfm

The new prescription drug benefit will increase spending on Medicare.

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The mission of the Office of Health Policy and Planning is to contribute to the development of health policy in the Commonwealth with research and analysis of the issues affecting the cost, quality, and accessibility of health care; to help rural and medically underserved communities recruit health care professionals and improve healthcare systems; and to develop as well as administer programs to increase and strengthen the healthcare workforce thereby improving health care accessibility for Virginia residents.

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